

## **APPLICATION FOR CHARACTER AND IDENTIFICATION CLEARANCE INSTRUCTIONS AND INFORMATION**

<b>READ THE INSTRUCTIONS FULLY BEFORE COMPLETING THE APPLICATION</b>
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To apply for a Certificate of Clearance you must submit **all** of the following:

- ☐ Application for Character and Identification Clearance (41-CIC)
- ☐ Two fingerprint cards or a copy of the Livescan (41-LS)
- ☐ Appropriate fee (see form CL-659 for current fees)

To apply for a first credential you must submit **all** of the following:

- ☐ Application for Character and Identification Clearance Form (41-CIC) and an Application for Credential Authorizing Public School Service (41-4)
- ☐ Two fingerprint cards or a copy of the Livescan (41-LS)
- ☐ Appropriate fee (see form CL-659 for current fees)

Applications not completely and accurately filled in and accompanied by all required supporting materials will be returned to the sender for completion.

### **SECTION 1: PERSONAL INFORMATION**

Type or print, using black ink, all information requested on the application. Use your full legal name. You must also list all former names, including your maiden name. If your address changes before you get your credential, be sure to notify us in writing of the change and include your full name and social security number on the correspondence. Fill in your sex, height, weight, and eye and hair color. This information should be identical to the information provided on the fingerprint cards.

### **SECTION 2: CHARACTER AND FITNESS**

Read the questions carefully before you answer them. If you answer "yes" to any question, you must submit a full explanation and your application will be referred to staff working with the Committee of Credentials for evaluation of your fitness to teach, or fitness or competence to perform other duties which would be authorized by the credential.

*Note:* Information you provide is subject to investigation of your moral character and true identity by means of review of information, reports, records, and other data from any agency or department of the state or any political subdivision of the state, when secured by the Commission for such purposes.

### **SECTION 3: OATH, AFFIDAVIT AND RELEASE**

California law requires every person applying for a certificate to complete the "Oath and Affidavit," without alteration, and to sign his or her full legal name as it appears at the top of page 1 of this application. If you do not sign the "Oath and Affidavit" as your name appears on the application, the application may be rejected or denied.

## ADDITIONAL INFORMATION

### FEES

Attach a certified check or money order for the total amount shown on the front of the application. A personal check is acceptable only if you are mailing the application directly to the Commission. Be sure to include the required fees for all applications and fingerprint cards. Make checks payable to the **California Commission on Teacher Credentialing**. If you are applying through a college or university, county office of education, or school district office, you may be asked to make the check payable to that *agency* so that they can submit a single check to the Commission for all of their applicants.

The application fee is considered earned when the application is received and is not refundable (Reference: Title 5, California Code of Regulations, Section 80487). A service charge will be assessed for a check that does not clear the bank. The credential application and fee remain valid for one year provided all requirements for the credential are completed on or prior to the date of application. Fees are subject to change.

### INSTRUCTIONS FOR SUBMITTING FINGERPRINT CARDS

Fingerprint cards are required with every application for a Certificate of Clearance or first credential. Fingerprint cards may also be required if a credential has expired or been revoked, or if an application was denied, rejected, or withdrawn.

Your fingerprints may be taken by a local, county, state, or federal law enforcement officer, or by the district, county, or college office of education if they provide the service. **Do not bend or fold the cards.** Use standard three-letter abbreviations for your physical description: BLK=black, BRN=brown, BLD=blond, GRY=gray, BLU=blue, GRN=green, HZL=hazel. Your name and signature on the fingerprint cards must be the same as you write them on this application form. There is a fee for the processing of fingerprint cards through the California Department of Justice and the FBI. Include that amount when you calculate the total amount of your check.

Your fingerprint cards are forwarded to the California Department of Justice and the FBI for processing. Processing generally takes three to six months. If your application is returned to you at any point in the processing, you will need to follow the directions included with it and resubmit it in a timely manner.

### PROCESSING TIME

California Code of Regulations, Title 5, Section 80443, sets a maximum processing time for completed applications. Applications delayed by a Commission appeal, Professional Practices review, or fingerprint card processing are not subject to the 75-day restriction. Applicants not notified of their credential status within 75 working days after the Commission received the application have the right to file an appeal, in writing, with the Executive Director of the Commission for a refund of the filing fee. The Commission may deny the refund request if the Commission's application workload exceeds by 15 percent the number of applications processed in the same quarter of the previous year, or if other statutory mandates cause an unforeseeable delay in application processing.

If you would like notice that your application has been received by the Commission, you should request a return receipt through the post office when you mail the application packet.

If you need additional information, write to the California Commission on Teacher Credentialing, Box 944270, Sacramento, California, 94244-2700 or call (916) 445-7254 or (888) 921-2682. Additional application forms and information are also available at county offices of education, school district offices, and in the education offices of colleges and universities.

## CRIMINAL CONVICTION INFORMATION

### When Do You Have to Disclose a Criminal Conviction?

You are required to disclose **all** criminal convictions. A court order pursuant to Penal Code Section 1203.4(a) states that the order does **not** relieve the person of the obligation to disclose the conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency. *Therefore, you must disclose the conviction even if you have obtained an order pursuant to Penal Code Section 1203.4.*

A plea of *nolo contendere* (no contest) to a criminal charge results in a conviction which must be disclosed.

**Failure to report a conviction or disciplinary action by a state licensing agency is considered falsification of your application and is grounds for denial of your application.**

### Do Some Offenses Result in Mandatory Denial or Revocation of Credentials?

Certain types of offenses are conclusively presumed to involve moral turpitude and to be related to an applicant's fitness or competence to perform certificated services. The Commission is prohibited by law from issuing any credential to a person who has been convicted of the following: any sex offense defined under Education Code Section 44010, any narcotics offense defined under Education Code Section 44011, any crime listed in Education Code section 44424, or who has been judicially determined to be a mentally disordered sex offender under applicable law.

When reporting a criminal conviction or charge, the applicant is requested to make a full written explanation of the following: the details of the incident(s), the date of the incident(s), specific section(s) of law violated, court location(s), the name of the arresting agency, and the plea and conditions of probation, if any, imposed by the court.

To make determinations in these cases, the Commission and the committee consider the nature and severity of the offense, its relationship to teaching, the recency of the acts or crimes, compliance with court sanctions, and any evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate documented evidence of rehabilitation. Examples of such rehabilitative evidence include:

- Recent, dated letter from applicant describing rehabilitative efforts or changes made to prevent future problems
- Letters on official letterhead from professional counselors, instructors, employers, probation or parole officers
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse
- Proof of community work, schooling, or other self-improvement efforts
- Certified court order expunging record or certificate of rehabilitation
- Current mental status examination by a clinical psychologist, including psychological testing, if applicable

## **INFORMATION COLLECTION AND ACCESS**

With the exception of your SSN and home address, information displayed on the documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code section 44230 the Commission may disclose with past, present, or prospective employers or institutions of higher education all information provided with applications submitted by you through those agencies. Information may also be disclosed to other State or Federal agencies as authorized by law. Personal information may be disclosed to the public only with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code Sections 44200-44439, which authorize this work. If not furnished, your application may be denied, delayed, or returned for completion. You are required to provide a social security number or federal tax identification number on your application pursuant to 42 USC §666 and California Family Code §17520.

You have a right to review personal information maintained on you by our agency unless access is exempted by law. The Director of Certification, Assignments and Waivers, 1900 Capitol Avenue, Sacramento, California, 95814, (916) 445-7254, is responsible for the maintenance of this information.

Mail to:  
**STATE OF CALIFORNIA**  
**CALIFORNIA COMMISSION ON TEACHER CREDENTIALING**  
**BOX 944270, (1900 CAPITOL AVENUE)**  
**SACRAMENTO, CALIFORNIA 94244-2700**

## APPLICATION FOR CHARACTER AND IDENTIFICATION CLEARANCE

(For Privacy Act Notification see Instructions)

Commission Use Only: Fee Information		County/District/Institution Use Only: Filing Date:
App _____ FP _____	CCTC Use Only	

### SECTION 1. PERSONAL INFORMATION

(Please Print Or Type Using Black Ink)

Social Security Number _____ - _____ - _____	Date of Birth _____
Applicant's Full Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Middle and/or Maiden</span> <span>Last</span> </div>	Home Phone (    ) _____ <div style="text-align: center; font-size: small;">Area Code</div>
Mailing Address: _____ <div style="text-align: center; font-size: small;">Street or P.O. Box Number</div>	Work Phone (    ) _____ <div style="text-align: center; font-size: small;">Area Code</div>
_____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	_____ <div style="text-align: center; font-size: small;">Current California County of Public School Employment</div>
Former Name(s): _____ (Including First, Last or Maiden) _____	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Sex</div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Hgt</div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Wgt</div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Eyes</div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Hair</div> </div>

### SECTION 2. CHARACTER AND FITNESS

Answer each question by checking "yes" or "no," whichever is true. If you answer yes to any question, please attach a full explanation of your answer.

	YES	NO
1. Have you ever held a Certificate of Clearance or a California credential or permit authorizing teaching or service in California public schools?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever held a credential or license authorizing service in the public schools in another state?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answer "yes," you must complete the "Verification of Good Standing" form (page 4) and return it with this application.</b>		
3. Have you ever been convicted of any felony or misdemeanor offense, including entering a plea of nolo contendere, in California or in any other state or place?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answer "yes" you must complete a "Criminal Conviction" form (page 6) for each conviction and return it with this application.</b>		
4. Do you have any mental or physical disability or communicable or contagious disease which would prevent you from teaching or performing other certificated services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you addicted to the use of intoxicating beverages?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you addicted to the use of any narcotics or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 7. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching, suspended, revoked, voided, and/or otherwise rejected for alleged misconduct in California or any other state or place?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had any application for a credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service or teaching, denied and/or rejected for alleged misconduct in California or any other state or place?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been dismissed, resigned from, entered into a settlement agreement, or otherwise left school employment to avoid investigation and/or dismissal for alleged misconduct in California or any other state or place?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you now the subject of any inquiry, review, or investigation by any licensing agency in connection with any alleged misconduct; is any disciplinary action or investigation now pending against you in any school district or before any licensing agency or court in California or any other state; is any adverse action now pending against any credential you hold, including but not limited to, any Certificate of Clearance, permit, credential, license or other document issued by any licensing agency in California or any other state; is any licensing matter on appeal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently the subject of any inquiry or investigation by a state or federal law enforcement agency, or have you ever been the subject of an inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state regarding alleged misconduct that involved <i>children</i> or took place on <i>school property</i> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you currently have any outstanding criminal charges pending against you in California or in any state or place?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If you answer "yes" you must complete a "Criminal Conviction" form (page 6) for each pending criminal charge and return it with this application.</b>  |                          |                          |
| 13. Have you ever had any disciplinary action (including an action which was stayed by the licensing agency) taken against any professional or vocational license in California or any other state or place?  | <input type="checkbox"/> | <input type="checkbox"/> |

14. If you are applying through a college to student teach or for other supervised practice, complete the following:

Name of College or University \_\_\_\_\_

Address \_\_\_\_\_ First day of student teaching/practicum \_\_\_\_\_  
Day      Month      Year

### SECTION 3. OATH, AFFIDAVIT, AND RELEASE

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury that all the foregoing statements in this application are true and correct.

By signing this form I consent to the release of information to the Commission for the purpose of ascertaining my moral character and true identity, pursuant to Education Code Section 44341.

Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Month      Day      Year

**SIGNATURE** \_\_\_\_\_

Sign your full name as it appears at the top of page 1

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**COMMISSION USE ONLY - - - DO NOT WRITE BELOW THIS LINE**

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**ACTION**

**DIRECTIONS**

**BASIS**

☐ Grant      ☐ Deny      ☐ Reject

☐ DO NOT PRINT C/C

☐ Direct Application

☐ Special Committee Action

☐ DO NOT MAIL C/C

☐ IHE Recommendation

CASHIERING REJECT      Initials \_\_\_\_\_      Date \_\_\_\_\_

F P CARD PREVIOUSLY SUBMITTED      ☐ YES      ☐ REPRINT      ☐ NO

BI/DOJ CARDS sent to BID \_\_\_\_\_  
Date/Initial

DOJ CLEAR/RAP \_\_\_\_\_  
Date/Initial

FBI CLEAR/RAP \_\_\_\_\_  
Date/Initial

CC Reject Mailed \_\_\_\_\_  
Date/Initial

CC Grant \_\_\_\_\_  
Date/Initial

FBI/DOJ FINGERPRINT CARDS

REPRINT \_\_\_\_\_

REJECT \_\_\_\_\_

REPRINT \_\_\_\_\_

REJECT \_\_\_\_\_

REPRINT \_\_\_\_\_

REJECT \_\_\_\_\_

**DPP ACTION**

App Pack Reject \_\_\_\_\_  
Date/Initial

**COMMITTEE OF CREDENTIALS ACTION**

**GRANT** \_\_\_\_\_  
C of C Meeting Date

**DENY** \_\_\_\_\_  
C of C Meeting Date

**PASTE LABEL HERE**

**QC--CC Mailed**

**CALIFORNIA COMMISSION ON TEACHER CREDENTIALING**

Box 944270 (1900 Capitol Avenue)  
Sacramento, California 94244-2700  
(916) 445-7254



### VERIFICATION OF GOOD STANDING (CREDENTIALS HELD IN OTHER STATES)

**SECTION A** to be completed by the applicant and included with the application. Do not send this form to the state(s) where you have been certified or credentialed. The commission will request the information.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Full  
Legal Name: \_\_\_\_\_  
First Middle Last

Former Name(s): \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_  
Street Address

City	State	Zip Code
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State	Type of Credential

I declare under penalty of perjury that the foregoing is true, complete, and correct. I hereby authorize the above-mentioned state(s) to release any information concerning my certification to the California Commission on Teacher Credentialing.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**SECTION B to be completed by the state credentialing office.**

1. Is this individual the subject of any inquiry, review, or investigation in connection with alleged misconduct? ☐ Yes ☐ No
2. Is this person currently, or has this person ever been, subject to any type of disciplinary or adverse action against any credential held by this individual authorizing public school teaching or service? ☐ Yes ☐ No
3. Has this individual ever had any credentials authorizing public school teaching or service reprobated, suspended, revoked, voided, denied and/or otherwise rejected for cause? ☐ Yes ☐ No
4. Do you have any information indicating that this individual left employment to avoid dismissal? ☐ Yes ☐ No

Agency	Date
Address	Signature



## **CRIMINAL CONVICTION FORM**

**(To be completed only if you checked "yes" to questions 3 or 11 of the application.)**

If you checked "yes" to questions 3 or 11 of the application, you must provide the documents listed below, and fully complete the reverse side of this form for each conviction. You may use a photocopy of the form if you have more than one conviction to report.

**The following documentation must be included with your application:**

### **Conviction of a Crime**

1. Certified copy of the complete investigative or arrest report(s) from the arresting law enforcement agency
2. Certified copy of the court documents showing the charges filed against you, including the criminal complaint or information
3. Certified copy of the complete court docket showing the plea you entered, the sentence, and verification that the conditions of probation were satisfied

Note: If any of these records have been purged, a statement verifying that fact must be received from the court or law enforcement agency on official letterhead.

### **Alcohol or Drug Offense**

1. All information listed above under "Conviction of a Crime"
2. Certified copy of the certificate of completion for each program attended
3. Letter from program counselor(s), on official letterhead, verifying successful completion, indicating the type of treatment received, the duration of the treatment, and the status of your rehabilitation at the time of program completion
4. Printout of Department of Motor Vehicles record

Note: If any of these records have been purged, a statement verifying that fact must be received from the court, or law enforcement agency, on official letterhead.

### **Optional Information**

You may also wish to submit documented evidence of rehabilitation. Examples of such rehabilitative evidence include:

- Recent, dated letter from applicant describing rehabilitative efforts or changes made to prevent future problems
- Letters on official letterhead from professional counselors, instructors, employers, probation or parole officers
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse
- Proof of community work, schooling, or other self-improvement efforts
- Certified court order expunging record or certificate of rehabilitation
- Current mental status examination by a clinical psychologist, including psychological testing, if applicable

## CRIMINAL CONVICTION OR PENDING CRIMINAL CHARGE

Complete a separate form for each conviction or outstanding charge. You may photocopy this form.

Convicted of: \_\_\_\_\_

Date of offense: \_\_\_\_\_

Name of arresting agency (Police, CHP, or Sheriff's Office): \_\_\_\_\_

\_\_\_\_\_

Court of Jurisdiction: \_\_\_\_\_

\_\_\_\_\_

Plea and conditions of probation, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You may attach any further explanation of the incident.

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct. I hereby authorize the above listed courts and law enforcement agencies to release any information concerning me to the California Commission on Teacher Credentialing.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Printed name: \_\_\_\_\_